

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		7-5-00
O.I.P.E. CLASSIFIER	✓		7-8-00
FORMALITY REVIEW	#5	545	8-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/27/00
2	✓	✓	11/27/00
3	✓	✓	11/27/00
4	✓	✓	11/27/00
5	✓	✓	11/27/00
6	✓	✓	11/27/00
7	✓	✓	11/27/00
8	✓	✓	11/27/00
9	✓	✓	11/27/00
10	✓	✓	11/27/00
11	✓	✓	11/27/00
12	✓	✓	11/27/00
13	✓	✓	11/27/00
14	✓	✓	11/27/00
15	✓	✓	11/27/00
16	✓	✓	11/27/00
17	✓	✓	11/27/00
18	✓	✓	11/27/00
19	✓	✓	11/27/00
20	✓	✓	11/27/00
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22	✓	✓	11/27/00
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42	✓	✓	11/27/00
43	✓	✓	11/27/00
44	✓	✓	11/27/00
45	✓	✓	11/27/00
46	✓	✓	11/27/00
47	✓	✓	11/27/00
48	✓	✓	11/27/00
49	✓	✓	11/27/00
50	✓	✓	11/27/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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